IPC Integrated Food Security Phase Classification

IPC Global Initiative - Special Snapshot

GAZA STRIP: Humanitarian assistance drives food security and nutrition gains, but conditions remain highly fragile | 16 April - 31 December 2026

Published on 23 July 2026

The IPC Special Snapshots are produced by the IPC global initiative and do not necessarily reflect the views of stakeholders in Palestine. This analysis factors in all data and information available up to 15 June 2026 and does not take into account subsequent developments on the ground.

Overview

- Humanitarian assistance remains a critical lifeline in Gaza. Since the October 2025 ceasefire, large-scale assistance has driven improvements in food security and nutrition conditions across the territory.
- Needs remain high. The entire Gaza Strip is classified in IPC Phase 3 (Crisis), with 1.4 million people expected to face high levels of acute food insecurity through December 2026, up from 1.2 million in the mid-April–June period.
- Acute malnutrition among children declined following the scale-up of nutrition programmes, reaching IPC Acute Malnutrition Phase 1 (Acceptable) between mid-April and June; and projected to deteriorate to Phase 2 (Alert) in July - December 2026.
- Recent gains remain fragile. Declining aid since February 2026 could quickly reverse progress, as livelihoods have collapsed and coping capacities are exhausted.
- Advancing peace plans is essential to support recovery, enable the safe return of displaced populations and help households rebuild their livelihoods.

Despite recent improvements, acute food insecurity remains widespread across the Gaza Strip. Between mid-April and 30 June 2026, over 1.2 million people (59 percent of the population) faced Crisis or worse conditions (IPC Phase 3 or above), including 212,000 people in Emergency (IPC Phase 4). Conditions are projected to worsen between July and December 2026, with more than 1.4 million people (67 percent) expected to face Crisis or worse, including 212,000 people remaining in Emergency (IPC Phase 4).

All five governorates are classified in Crisis (IPC Phase 3). Humanitarian assistance is the key lifeline for most families. Improved access and reduced conflict intensity following the October 2025 ceasefire enabled a major scale-up of aid operations, generating significant impact, albeit unevenly across areas. In-kind food assistance reached around 1.49 million people in May 2026, although rations remained insufficient to support adequate and diverse diets. Multi-purpose cash assistance (MPCA) also expanded—reaching around 700,000 people in May—though its impact was constrained by the high cost of essential non-food items. Commercial imports also increased, reaching an average of nearly 100 trucks per day in recent months, though still below pre-crisis levels.

The expansion of humanitarian assistance has improved household food consumption since the December 2025 IPC analysis, shifting from IPC Phase 4 to Phase 3 levels. However, food consumption remains inadequate for most families. Some households resort to emergency coping strategies, such as begging and scavenging for food, while 83 percent report having no source of income. The widespread loss of productive assets, combined with access constraints, continues to prevent households from resuming agricultural and economic activities, leaving the population almost entirely dependent on external assistance. As a result, an estimated 1.9 million people (90 percent of the population) would face high levels of acute food insecurity in the absence of humanitarian food security assistance through December 2026.

The nutrition situation has improved considerably since early 2026, with all analysed governorates classified in IPC Acute Malnutrition (AMN) Phase 1 (Acceptable) between mid-April and June; and IPC AMN Phase 2 (Alert) in July - December 2026. Rafah was not analysed due to insufficient data. Acute malnutrition—particularly among children—has declined significantly, driven by a marked scale-up of nutrition programmes. Nevertheless, an estimated 74,200 children aged 6-59 months will likely require treatment for acute malnutrition through April 2027. Adults continue to reduce their own food intake to prioritise their children. An estimated 24,600 pregnant and breastfeeding women (PBW) are expected to suffer from acute malnutrition over the same period.

These recent gains remain highly fragile. Despite a surge in humanitarian food security assistance following the ceasefire, coverage has declined since February 2026, falling from a peak of 2.13 million people reached in November 2025 to 1.49 million people in May 2026. Similarly, the coverage of blanket supplementary feeding programmes (BSFP) for PBWs declined from over 12,100 beneficiaries in January 2026 to 6,000 in May 2026. Further reductions are expected due to funding constraints and uncertainty surrounding the renewal of operational authorisations for 37 international non-governmental organisations (INGOs). Meanwhile, the area accessible to Gaza's population has shrunk by more than 50 percent since October 2023, forcing people to shelter in overcrowded sites marked by extremely precarious conditions and heightened risk of infectious disease. Combined with limited access to health, water, sanitation and hygiene (WASH) services, these conditions make recent improvements in food security and nutrition highly vulnerable to reversal.

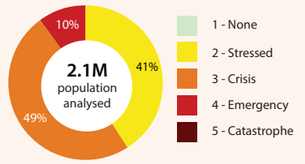
Advancing peace plans is essential to support transition and reconstruction, enabling displaced populations to safely return home and rebuild their livelihoods. Otherwise, families will remain reliant on external assistance and severe coping measures to survive, while even small disruptions to humanitarian access could rapidly reverse recent gains.

Current Acute Food Insecurity | 16 April - 30 June 2026

1.2M in IPC Phase 3 or above

1.03M IPC Phase 3 Crisis

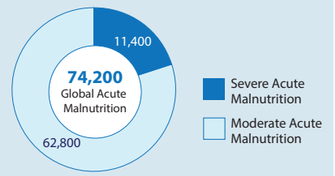
212,000 IPC Phase 4 Emergency



Acute Malnutrition | May 2026 - April 2027

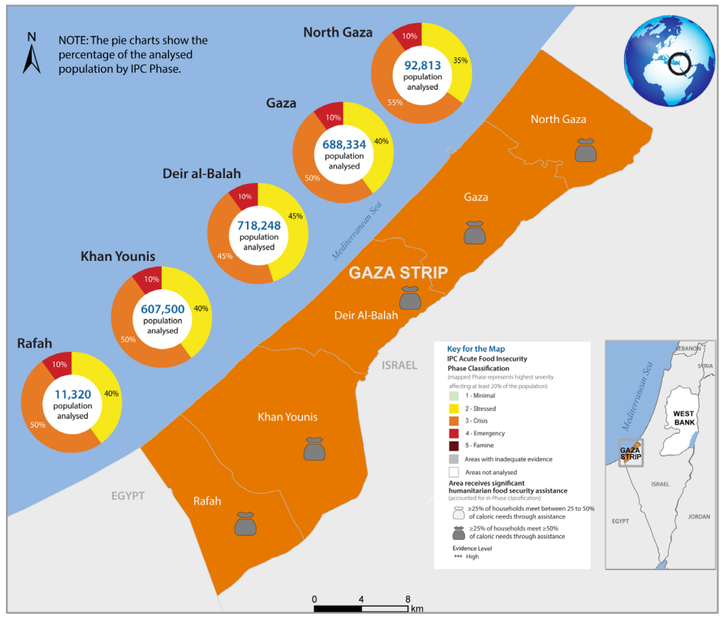
74,200

An estimated 74,200 cases* of children aged 6 to 59 months are expected to suffer from acute malnutrition from May 2026 to April 2027, including 11,432 severe cases. An additional 24,600 pregnant and breastfeeding women will require urgent nutrition support.

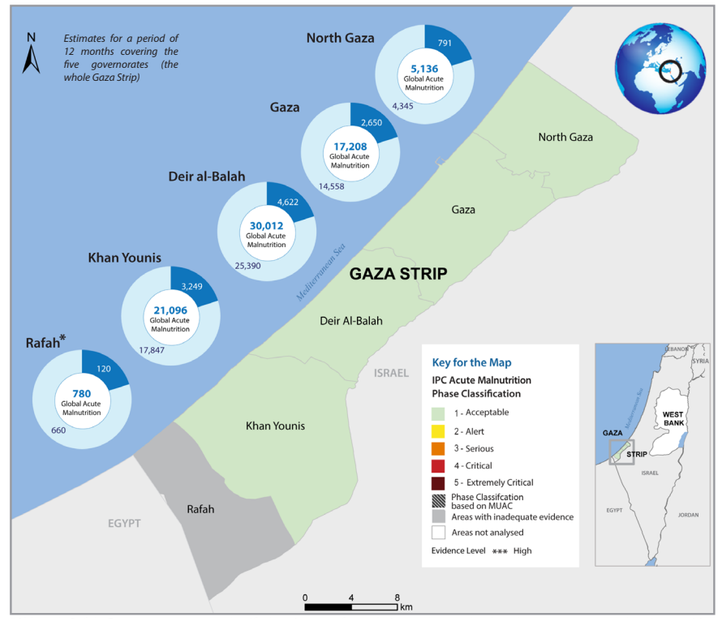


*Estimates for a period of 12 months covering the five governorates (the whole Gaza Strip).

Current Acute Food Insecurity | 16 April - 30 June 2026



Current Acute Malnutrition | 16 April - 30 June 2026



*Although Rafah Governorate was not classified, estimates of people in need were developed to support comprehensive nutrition programme planning.

Recommended Actions

Cease all hostilities

Hostilities have continued despite the October 2025 ceasefire. A permanent cessation is essential to protect civilians, stabilise conditions for recovery, and prevent further acute food insecurity and malnutrition.

Ensure sustained and reliable humanitarian access

Humanitarian access has improved but remains volatile. Safe, predictable, unhindered entry of humanitarian supplies through all border crossings is essential.

Scale up and strengthen humanitarian assistance and services

Assistance and service delivery remain fragile, with funding levels continuing to decline and remaining highly unpredictable. An immediate scale-up of the response is required to enable the pre-positioning of essential supplies ahead of the winterisation period.

Improve commercial access and market stability

Unpredictable access, high costs, poor quality of imported commodities, and low purchasing power continue to constrain people's access to essential goods and hinder recovery. Expanded flows of essential inputs and higher volumes of commercial imports are needed to restore productive assets and revitalise local food systems.

Revive livelihoods and food production

With agricultural land largely inaccessible, access worsening, and essential inputs extremely scarce, livelihood recovery remains limited. Restoring local production is essential to reduce vulnerability to external supply disruptions.

Continue to scale up nutrition programmes

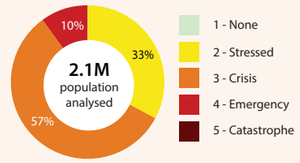
Further expansion of malnutrition prevention and treatment programmes across the territory, alongside improved access to shelter, safe WASH, and health services, remains essential. Strengthened efforts are also needed to enhance children's dietary quality and diversity.

Projected Acute Food Insecurity | 1 July - 31 December 2026

1.4M in IPC Phase 3 or above

1.2M IPC Phase 3 Crisis

212,000 IPC Phase 4 Emergency



Acute Malnutrition | May 2026 - April 2027

24,600

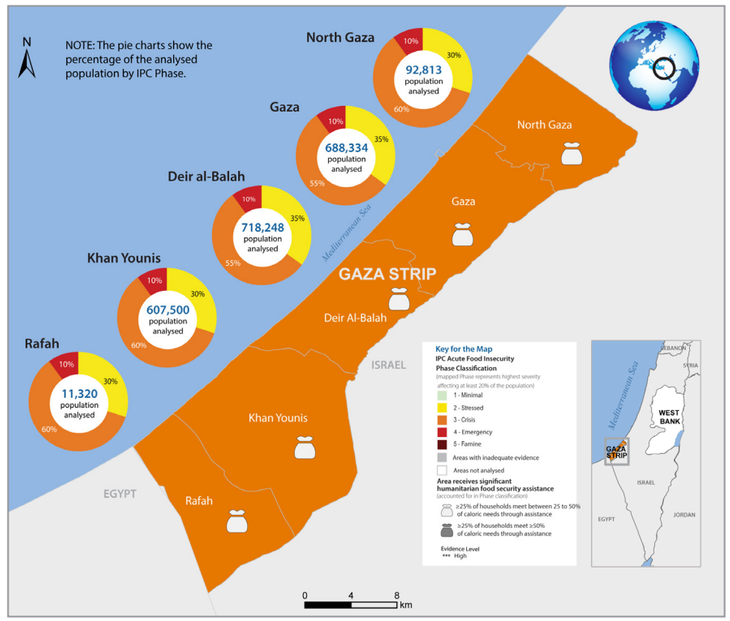
An estimated 24,600 pregnant and breastfeeding women* are expected to suffer from acute malnutrition from May 2026 to April 2027 and will require urgent nutrition support.

*Estimates for a period of 12 months covering the five governorates (the whole Gaza Strip).

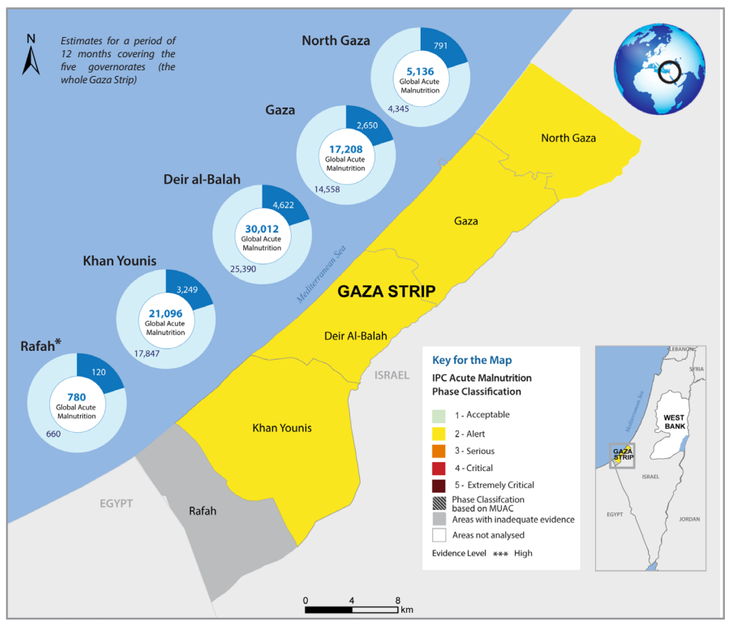
*Pregnant and breastfeeding women in need

North Gaza	860
Gaza	6,300
Deir al-Balah	9,470
Khan Younis	7,860
Rafah	130

Projected Acute Food Insecurity | 1 July - 31 December 2026



Projected Acute Malnutrition | 1 July - 31 December 2026



*Although Rafah Governorate was not classified, estimates of people in need were developed to support comprehensive nutrition programme planning.

Key Drivers of Acute Food Insecurity

Destruction of livelihoods
Violence, insecurity, shrinking civilian space, constrained markets and weak purchasing power hinder livelihood recovery and local food production, deepening reliance on external assistance. Access to agricultural land, water, fishing areas, agricultural inputs, and fuel remains limited.

Volatile and unpredictable humanitarian access and commercial activity
Humanitarian operations and commercial access remain unstable and tightly controlled, preventing the predictable supply of goods and services at the required scale. Access to materials needed for infrastructure rehabilitation and livelihood recovery remain heavily constrained.

Displacement and movement restrictions
Most people remain displaced and unable to return home due to the destruction or damage of an estimated 75 percent of housing, the expansion of militarised zones, and ceasefire violations. Displacement and movement restrictions prevent livelihood recovery and constrain humanitarian and commercial activity.

Hostilities
Armed violence persists—including recurrent military drone strikes, air strikes, and shelling—in violation of the ceasefire, along with clashes and violent disruptions by organised armed actors. Over 900 civilians have been killed since the ceasefire agreement in October 2025.

Poor living conditions
Damaged sewage networks, limited hygiene supplies, and overcrowded shelters severely hamper access to WASH services, heightening disease risk. Populations in inadequate shelter remain exposed to weather extremes, vermin, pests, and other health risks.

Contributing Factors for Acute Malnutrition

Poor diet quality and very low dietary diversity
Severe access constraints continue to limit caregivers' ability to provide children with balanced and nutritious diets. Only one in five children has access to an adequate diet. Children's diets are characterised by high consumption of unhealthy foods and limited intake of nutrient-dense foods, insufficient to support optimal growth and development.

Significant WASH gaps and health implications
Poor sanitation and hygiene conditions are widespread. Combined with a high prevalence of preventable diseases, these conditions heighten vulnerability to malnutrition by impairing nutrient absorption, raising illness rates, and reducing overall health resilience.

Strained health and nutrition services
Demand for health and nutrition services continues to outstrip limited capacity, with coverage remaining uneven. Shrinking humanitarian and civilian space overcrowds existing health facilities and hampers the delivery of adequate services.

Mental distress
After more than two and a half years of conflict, displacement, and suffering, concerns about mental health and psychosocial stress are widespread. This heightens caregivers' vulnerability, increasing the risk of malnutrition among both children and PBW.

Underlying conditions
Rising stunting reflects the cumulative impact of inadequate conditions sustained since the conflict began, with lasting consequences for growth and cognitive development.

Most likely scenario – Key assumptions for the projection period
(1 July - 31 December 2026)

Conflict: Military operations will likely intensify but fall short of a large-scale ground and air operation. Drone and airstrikes will likely increase and expand geographically across the western part of the Strip. Discussions on the Gaza Peace Plan may continue but with limited progress on the ground. The "Yellow Line" will likely expand gradually and continuously, with no reconstruction.

Humanitarian access and delivery: Humanitarian space will likely shrink further. Entry of supplies through crossing points will remain irregular, dependent on local daily negotiations and security conditions. De-registration of INGOs will likely reduce operational response capacity and shift risks to local partners.

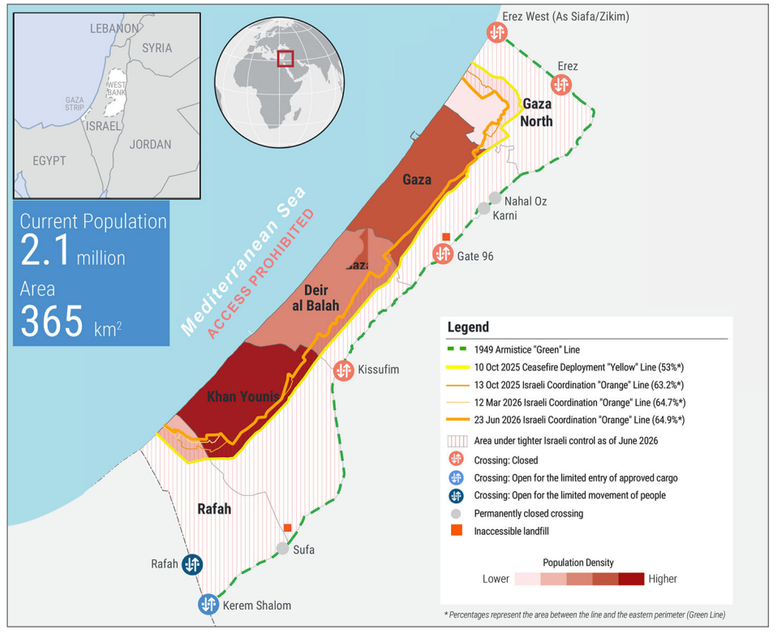
Displacement: Current displacement patterns will persist, with only a limited number of people able to return. Returns to northern areas will also proceed slowly, contingent on water provision. Increasing evacuation orders will force further displacement.

Food availability: Agricultural production and livestock activities will remain severely constrained by extensive infrastructure damage, cropland destruction, lack of inputs, and restricted access to agricultural areas. Fishing activities will likely continue to be restricted. Consequently, food availability will remain heavily dependent on humanitarian assistance, commercial flows will remain volatile, and significant gaps in food availability and diversity are expected to persist.

Access to food: Access will remain contingent on households' financial resources. Those with no or very low purchasing power, or in areas with severely degraded supply chains, will continue to rely on social support or Humanitarian Food Security Assistance (HFSA), including hot meal provision at community kitchens. Most households will have exhausted or severely depleted their coping options and many families will be unable to afford food.

Utilisation: Food utilisation and access to essential services are expected to remain severely constrained. Fuel and cooking gas supplies are unlikely to improve, while potential rising prices will further limit affordability and people's access to basic necessities. Some critical services, including health care and water desalination, may partially resume, but only at a limited scale.

Access Overview, Gaza Strip. June 2026



Source: OCHA

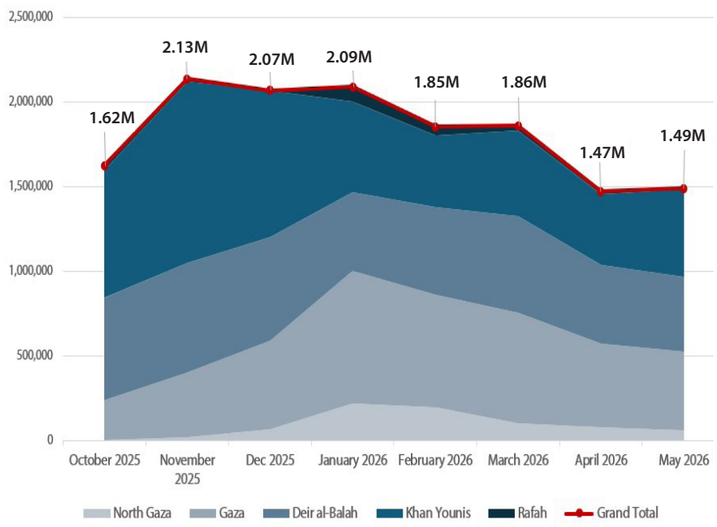
Despite food security gains, food gaps remain

Compared with the December 2025 IPC analysis, food consumption indicators show an improvement from very inadequate levels—indicative of IPC Phase 4 (Emergency)—to inadequate levels—indicative of IPC Phase 3 (Crisis). However, insufficient rations and sustained non-food needs hinder further improvements in food consumption. While HFSA coverage is relatively high in terms of number of beneficiaries reached—with 1.49 million people receiving food parcels in May 2026 (see Graph 1)—per capita food rations remain insufficient to meet all dietary requirements, and ration diversity is poor, leaving households with irregular and limited access to critical food groups, including fresh produce, protein, and other nutrient-rich foods. MPCA, which is intended to support both food and non-food purchases, reached about 700,000 people in May 2026. However, extremely high costs for medicine and other essential non-food items reduce the share of cash available for food purchases, limiting the impact of cash assistance on household food consumption. At the same time, ongoing restrictions on the volume, predictability, and composition of goods entering the Gaza Strip constrain market functionality, leaving food access highly sensitive to fluctuations in both humanitarian and commercial supplies.

Despite the reduction in food consumption gaps, livelihood change indicators remain consistent with IPC Phase 4, with more than 70 percent of households resorting to emergency coping strategies, such as begging or scavenging for food, while 83 percent have no source of income. Extensive loss of productive assets and inability to access livelihoods continue to prevent households from resuming economic and agricultural activities, leaving the population heavily dependent on external assistance. Large-scale damage to housing and infrastructure continues to undermine service provision, livelihoods, and economic activity. Nearly 75 percent of homes and over 70 percent of roads have been damaged or destroyed, displacing families and affecting access to markets and services. Agricultural production remains constrained by increasingly limited access to land, high input costs, and low profitability.

Social support mechanisms are largely exhausted, offering only limited short-term relief from food shortages. Persistent pressures on livelihoods and food access continue to impede recovery, sustaining food insecurity and limiting prospects for improvement.

Graph 1. Humanitarian Food Security Assistance (Food Parcels) Oct 2025 - May 2026



Despite improvements, the nutrition situation remains vulnerable to reversal

Recent Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey data, collected from 31 May to 15 June 2026, indicates that Global Acute Malnutrition (GAM) decreased to IPC AMN Phase 1 (Acceptable). This significant improvement compared to the previous IPC analysis is driven by a marked scale-up of nutrition prevention programmes—notably Blanket Supplementary Feeding Programmes (BSFP) for children aged 6–59 months—alongside increased access to acute malnutrition treatment and other essential health services. In May 2026, BSFP coverage reached around 60 percent of the target, an increase from July-September 2025, when programme coverage was extremely low. Nevertheless, coverage remains uneven across governorates, ranging from 33 percent in North Gaza to 89 percent in Deir-al Balah for BSFP. Coverage of PBW reached with lipid-based nutrient supplements (LNS, medium quantity) has remained stable since January 2026, starting from 59 percent in January to 49 percent in May (see Graph 2). Uneven coverage was also noted—from 17 percent in North Gaza to 67 percent in Deir al-Balah. Ready-to-Use Complementary Food (RUCF) for children aged 6-23 months has remained stable at approximately 17 percent of the target since January 2026 (see Graph 3). Similarly, uneven coverage was observed—from 15 percent in Khan Younis and Gaza governorates to 38 percent in North Gaza.

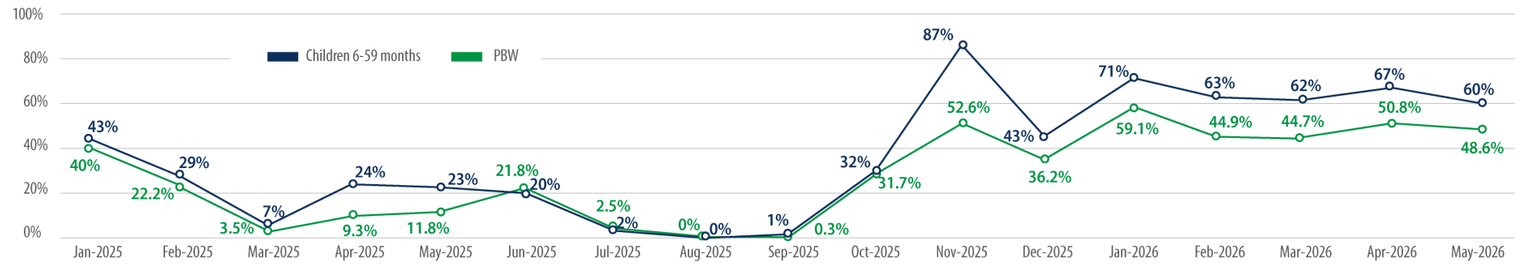
Between January 2025 and May 2026, the number of children enrolled in treatment programmes for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) fluctuated significantly (see Graph 4). Cases rose steadily from over 2,700 children in January 2025 to a peak of nearly 17,000 in August 2025. Admissions then declined sharply to nearly 2,900 cases by March 2026, before rising slightly in April-May 2026.

The scale-up of humanitarian assistance and other protective household feeding practices—including prioritising children's food intake over adults'—has helped prevent more severe nutritional decline, particularly among children, despite severe economic hardship and food insecurity. However, these gains remain fragile, as underlying vulnerabilities persist. Continued support is essential to sustain progress and prevent a resurgence in stunting.

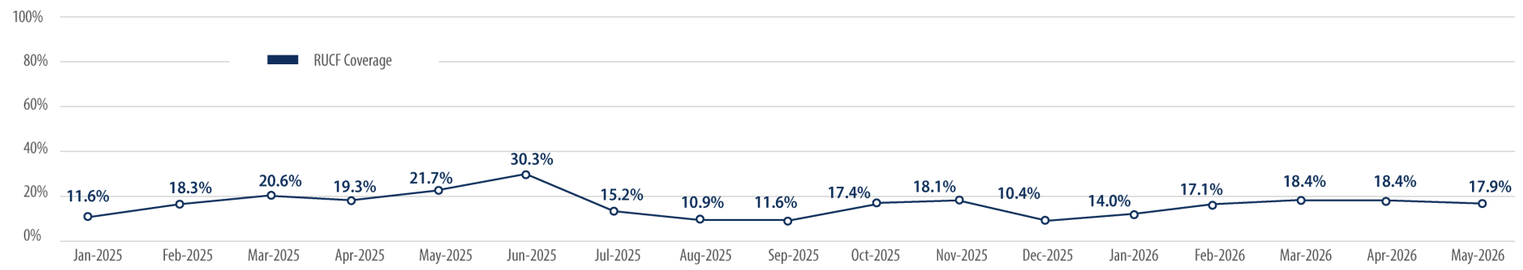
Prolonged conflict continues to heighten malnutrition risk by constraining access to diverse foods and essential health, nutrition, and WASH services. Access to water remains a major concern. As of April 2026, nearly half (48 percent) of households accessed less than 15 litres of water per person per day for all purposes. Only about one in five children receives an adequate diet, due to limited availability of nutritious options. Unequal access to services, high disease prevalence, seasonal outbreaks, and elevated caregiver stress further undermine nutrition and caregiving, leaving young children and PBW particularly vulnerable.

While projected deterioration to IPC AMN Phase 2 (Alert) represents the most likely scenario for July-December 2026, the rapid deterioration and subsequent improvement observed over the past year show how quickly nutrition outcomes can shift with the operating environment. More severe outcomes could emerge should conflict intensify and access to food, essential services, or multisector humanitarian assistance deteriorate during that period.

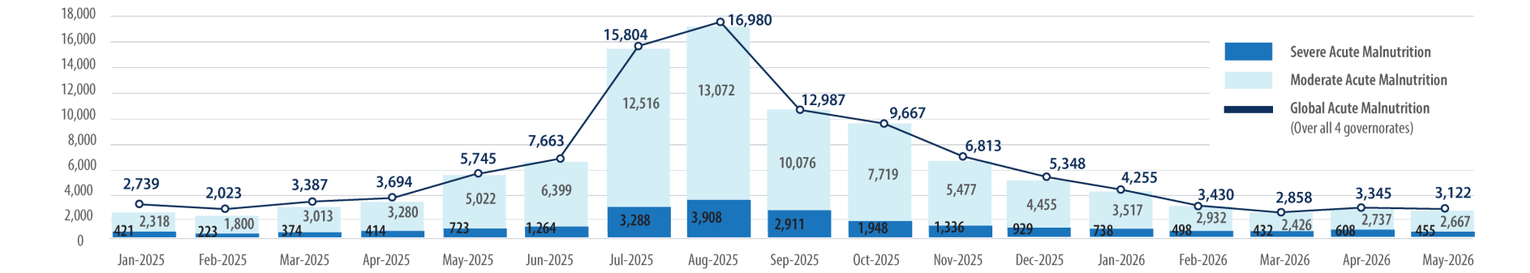
Graph 2. Coverage of children 6-59 months reached with BSFP and PBW reached with Lipid-based Nutrient Supplements - Medium Quantity Jan 2025 - May 2026



Graph 3. Coverage of children aged 6-23 months who received Ready-to-Use Complementary Food Jan 2025 - May 2026



Graph 4. Number of Acutely Malnourished Children Enrolled in Malnutrition Management/Treatment Programmes Jan 2025 - May 2026



Acute Food Insecurity - Population Table for the Current Period: 16 April - 30 June 2026

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Deir Al-Balah	718,248	0	0	323,212	45	323,212	45	71,825	10	0	0	3	395,036	55
Gaza	688,334	0	0	275,334	40	344,167	50	68,833	10	0	0	3	413,000	60
Khan Younis	607,500	0	0	243,000	40	303,750	50	60,750	10	0	0	3	364,500	60
North Gaza	92,813	0	0	32,485	35	51,047	55	9,281	10	0	0	3	60,328	65
Rafah	11,320	0	0	4,528	40	5,660	50	1,132	10	0	0	3	6,792	60
Grand Total	**2,118,215**	**0**	**0**	**878,559**	**41**	**1,027,836**	**49**	**211,821**	**10**	**0**	**0**		**1,239,657**	**59**

Acute Food Insecurity - Population Table for the Projection Period: 1 July - 31 December 2026

Governorate	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Deir Al-Balah	718,248	0	0	251,387	35	395,036	55	71,825	10	0	0	3	466,861	65
Gaza	688,334	0	0	240,917	35	378,584	55	68,833	10	0	0	3	447,417	65
Khan Younis	607,500	0	0	182,250	30	364,500	60	60,750	10	0	0	3	425,250	70
North Gaza	92,813	0	0	27,844	30	55,688	60	9,281	10	0	0	3	64,969	70
Rafah	11,320	0	0	3,396	30	6,792	60	1,132	10	0	0	3	7,924	70
Grand Total	**2,118,215**	**0**	**0**	**705,794**	**33**	**1,200,600**	**57**	**211,821**	**10**	**0**	**0**		**1,412,421**	**67**

Damage, Human Impact and Needs in the Gaza Strip

DAMAGES

caused to the physical infrastructure

35.2 US$ B

ECONOMIC LOSSES

have been incurred due to the conflict

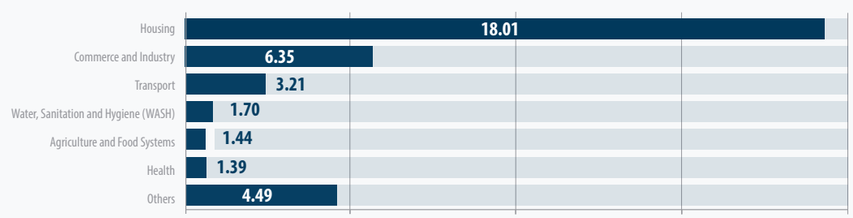
22.7 US$ B

NEEDS

for recovery and reconstruction

71.4 US$ B

Damage by Sector (US$ billion)



Livelihoods Impact

95% of agriculture infrastructure destroyed

92% of businesses damaged or destroyed

~75% of workers lost jobs

Severe income and market collapse

The scale of damage and needs highlights the urgent requirement for sustained international support to restore basic services and rebuild livelihoods.

Human Impact

71K+ dead
171K+ injured
since the war began in October 2023

1.9M displaced

60% lost homes

<50% health services functional

WASH systems collapsing
88% of above-ground WASH assets damaged
Collapse of systems (wastewater plants, pumping stations, desalination disruptions)

Source: The World Bank, the European Union, the United Nations, April 2026. Figure produced by IPC GSU

What is the IPC Scale?

The IPC is a set of tools and procedures to classify the severity and characteristics of food and nutrition crises based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. IPC analyses aim at informing emergency response as well as medium and long-term food security and nutrition policy and programming.

Acute Food Insecurity Phase Name and Description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; **or** • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; **or** • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/ or are unable to meet other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. (For Famine classification, an area needs to have extreme critical levels of acute malnutrition and mortality.

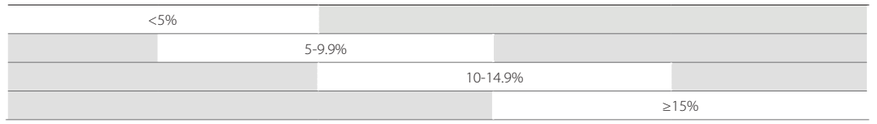
Acute Malnutrition Phase Name and Description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/ or very large individual food consumption gaps are likely evident.

Global Acute Malnutrition (GAM) based on Weight-for-Height Z-score (WHZ)

Acceptable: <5%	Alert: 5-9.9%	Serious: 10-14.9% or > than usual	Critical: 15-29.9%; or > much greater than usual	Extremely Critical: ≥30%

Global Acute Malnutrition based on mid-upper arm circumference (MUAC)



Analysis Approach

The joint IPC Acute Food Insecurity and Acute Malnutrition analysis was conducted virtually from 18 to 25 May 2026, involving 61 analysts from 20 organisations across multiple sectors. During report drafting, new nutrition evidence became available. The Analysis Team was reconvened to review the new information and update the IPC analysis, incorporating all relevant data, where feasible, available up to 15 June 2026. To ensure compliance with quality standards around the incorporation of new key evidence, the IPC partnership initiated an external Real Time Quality Review (RTQR). The review was conducted by senior global experts from the IPC partnership, and its recommendations were incorporated into the final analysis.

Given households' extremely high reliance on humanitarian assistance, the Analysis Team also assessed the population in need of humanitarian food assistance (PiNHA), in addition to the standard population estimates by IPC phase. This additional analysis, undertaken following an RTQR recommendation, aims to better capture the extent to which humanitarian food assistance is sustaining food consumption outcomes and helps inform decision-making.

The acute food insecurity analysis covered all five governorates. Food security outcome data were drawn from two sources: Source #1, collected via Computer Assisted Telephone Interviews from 16 April to 15 June 2026 across all governorates; and Source #2, also collected remotely from 19 to 20 April 2026. While the latter covered three governorates, only Gaza Governorate met IPC requirements.

The acute malnutrition analysis covered four governorates. Rafah Governorate was not analysed due to insufficient evidence on acute malnutrition prevalence. The analysis relied on data on GAM prevalence measured by weight-for-height from a SMART survey conducted between 31 May and 15 June 2026, complemented by monthly mid-upper arm circumference (MUAC) screenings for trend analysis, and a wide range of evidence on contributing factors. Due to access and security constraints, around 17 percent of the population living near the "Yellow Line" and Netzarim Corridor was excluded from the SMART survey sampling frame. Findings may therefore not reflect conditions in these inaccessible areas, where acute food insecurity and malnutrition could be more severe.

For both analyses, the evidence level was assessed as "High" across all areas analysed.

Publication date: 23 July 2026 | Disclaimer: The information shown on the maps does not imply official recognition or endorsement of any physical and political boundaries I For more information please contact ipc@fao.org.